

Name
in
Full

CERTIFICATE OF DEATH

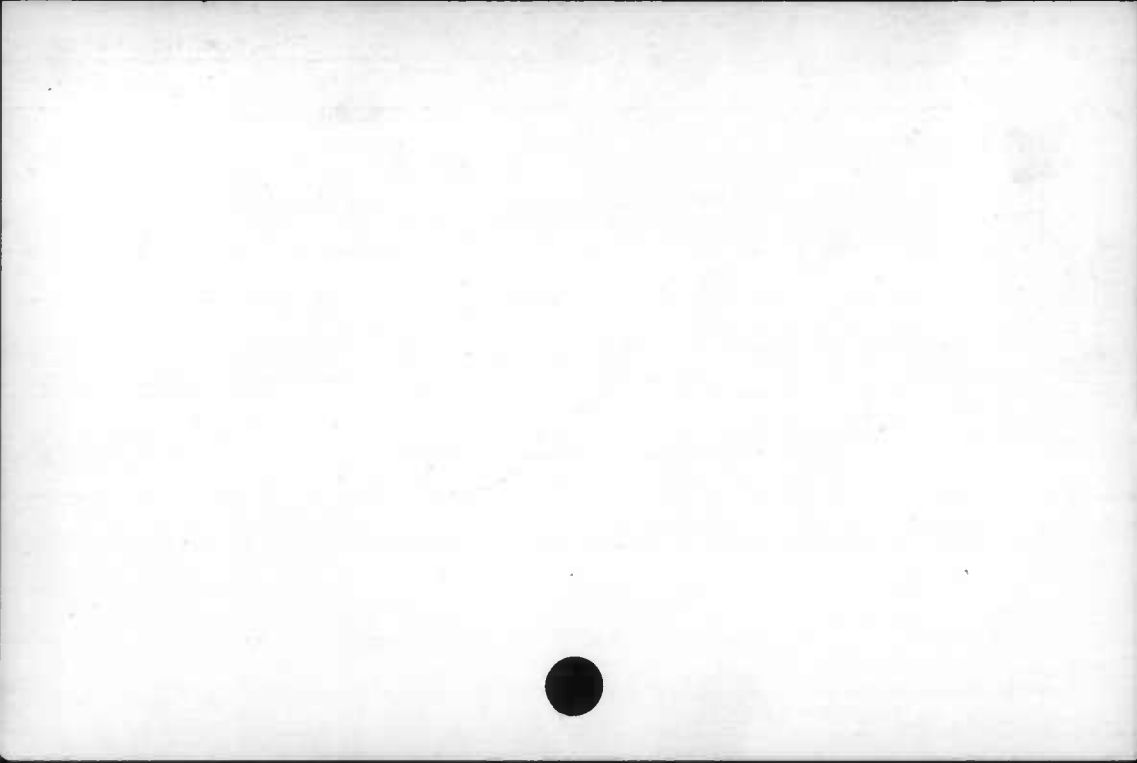
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Months	Days	
1909		July	6 th			21	
Sex	Male		Color or Race	White		Birth-place	Salisbury Md.
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
None		None					
Father's Name	J. W. Adkins					Father's Birthplace	Worcester Co. Md.
Mother's Maiden Name	Annie Davis					Mother's Birthplace	Wicomico Co. Md.
Name of person giving Information	J. W. Adkins					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	21 days
Immediate	Inauition	How long	21 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Louis W. Wicomico Md.	
Address		Salisbury Md.	
Accident or Sulcide			



Name
in
Full

Emory B Arvie

CERTIFICATE OF DEATH

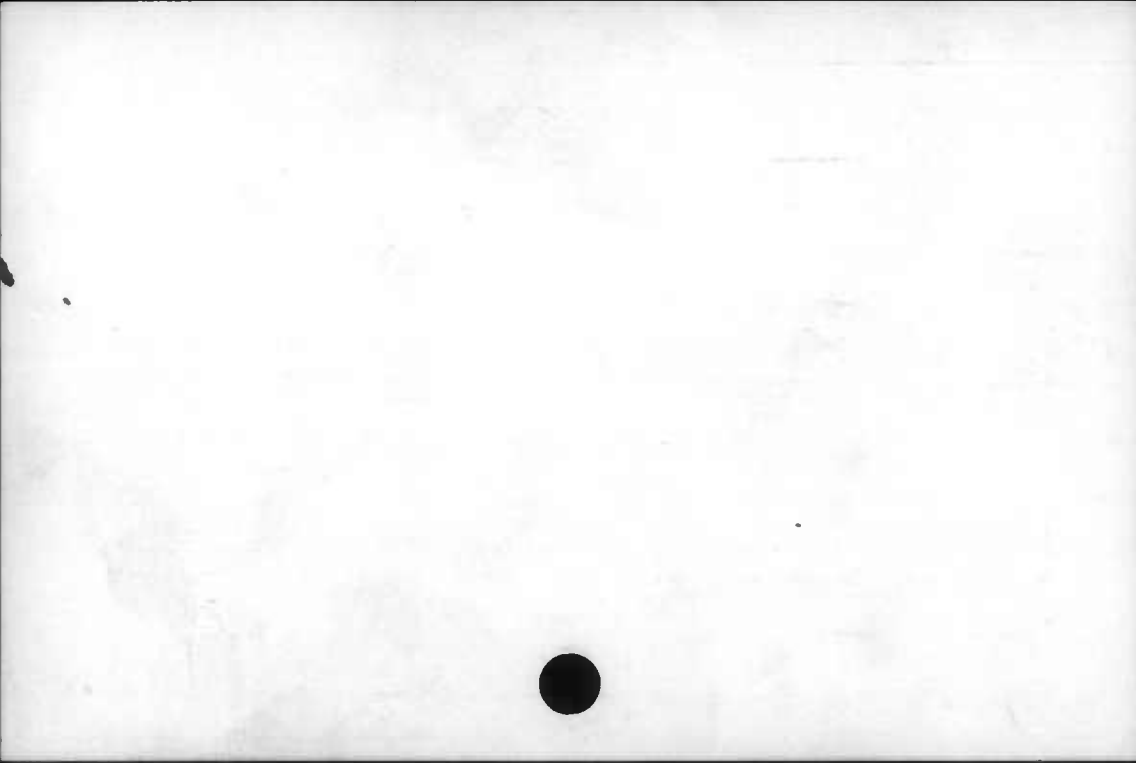
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> ^{County} <u>Wicomico</u> ^{MARYLAND}	
Date of death 190 <u>9</u> ^{Month} <u>July</u> ^{Day} <u>19</u> ^{Age} <u>25</u> ^{Years} <u>8</u> ^{Months} <u>23</u> ^{Days}	
Sex <u>male</u> Color or Race <u>White</u> Birth-place <u>Md</u>	
Occupation <u>Laborer</u> Where Residing if not at place of death <u>near Parkersburg</u>	
Married, Single <u>Widow</u> Name of Wife or Husband <u>Mother Arvie</u>	
Father's Name <u>Elijah B Arvie</u> Father's Birthplace <u>Md</u>	
Mother's Maiden Name <u>Ellen Williams</u> Mother's Birthplace <u>Md</u>	
Name of person giving Information <u>Elijah B Arvie</u> How related to deceased <u>Father</u>	

CAUSES OF DEATH

Primary <u>It quid foot (gun. shot)</u> How long <u>8 days</u>	
Immediate <u>Septicemia</u> How long <u>2 days</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Salisbury, Md</u>
Accident or Suicide <u>No</u>	

PHYSICIAN
OR CORONER



Name
in
Full

Margaret A Bracham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Salisbury		Wicomico		MARYLAND	
Date of death		1909	July	25	Age	—	2
Sex		Female		Color or Race		White	
Occupation				Where Residing if not at place of death		Salisbury Md	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Glen Mitchell		Father's Birthplace		Salisbury Md	
Mother's Maiden Name		Edna Bracham		Mother's Birthplace		Wick Co Md	
Name of person giving Information		Edna Bracham		How related to deceased		Mother	

CAUSES OF DEATH

105

X

PHYSICIAN
OR CORONER

Primary		Sick from birth		How long		105	
Immediate		Diphtheria		How long		1 week	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		Dr C R Truitt	
						Salisbury Md	
Accident or Suicide							

X



Name in Full *Elizabeth May Butler*

CERTIFICATE OF DEATH

Died at *Salisbury* *Wicomico* County MARYLAND
Date of death 190 *9* July *1909* Age *16* Months *11* Days *7*
Sex *Female* Color or Race *White* Birth-place *Delaware*
Occupation *none* Where Residing if not at place of death *Salisbury Md.*

~~Marrried~~, Single or ~~Widowed~~ Name of Wife or Husband
Father's Name *John A. Butler* Father's Birthplace *Maryland*
Mother's Maiden Name *Annie E. Bennett* Mother's Birthplace *Delaware*
Name of person giving Information *Annie E. Butler* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Pulmonary tuberculosis* How long *Indefinite*
Immediate *Exhaustion* How long *Indefinite*
Are the name, age, sex, color, date and place correctly given above? *So far as I know* Signature of Physician *J. McDevitt*
as I know Address *Salisbury Md.*
Accident or Suicide *No* *(over)*

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

This patient had been under
care of another physician and
I was called in (while passing
her home), when she was dying.
I have never seen her before,
or since to-day -

J. M. Davis

Name
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

No Name
Town
Whayland
County
Wicomico

MARYLAND

Date
of death

1909

Month

July

Day

18

Age

Years

Months

Days

2

Sex

Female

Color or
Race

White

Birth-
place

Whayland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Ernest Bounds

Father's
Birthplace

Whayland

Mother's
Meiden Name

May B. Bounds

Mother's
Birthplace

" "

Name of person giving
Information

Ernest Bounds

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

Convulsions

How long

A few hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. C. R. Trumb
Salisbury
Md

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Wesley Brevington

Town

County

MARYLAND

Died at

Allen

Wicomico

Date

of death 1909 July 22

Day

Year

Age

Months

Days

65

Sex

male

Color or
Race

Black

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of death

~~Maiden Name~~
or Widowed

Name of Wife or
Husband

Father's
Name

Thasac Brevington

Father's
Birthplace

Md

Mother's
Maiden Name

Mellie Brevington

Mother's
Birthplace

Md

Name of person giving
Information

John W Brevington

How related
to deceased

Nephew

CAUSES OF DEATH

106

X

Primary

Enteric fever

How long

5 or 6 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

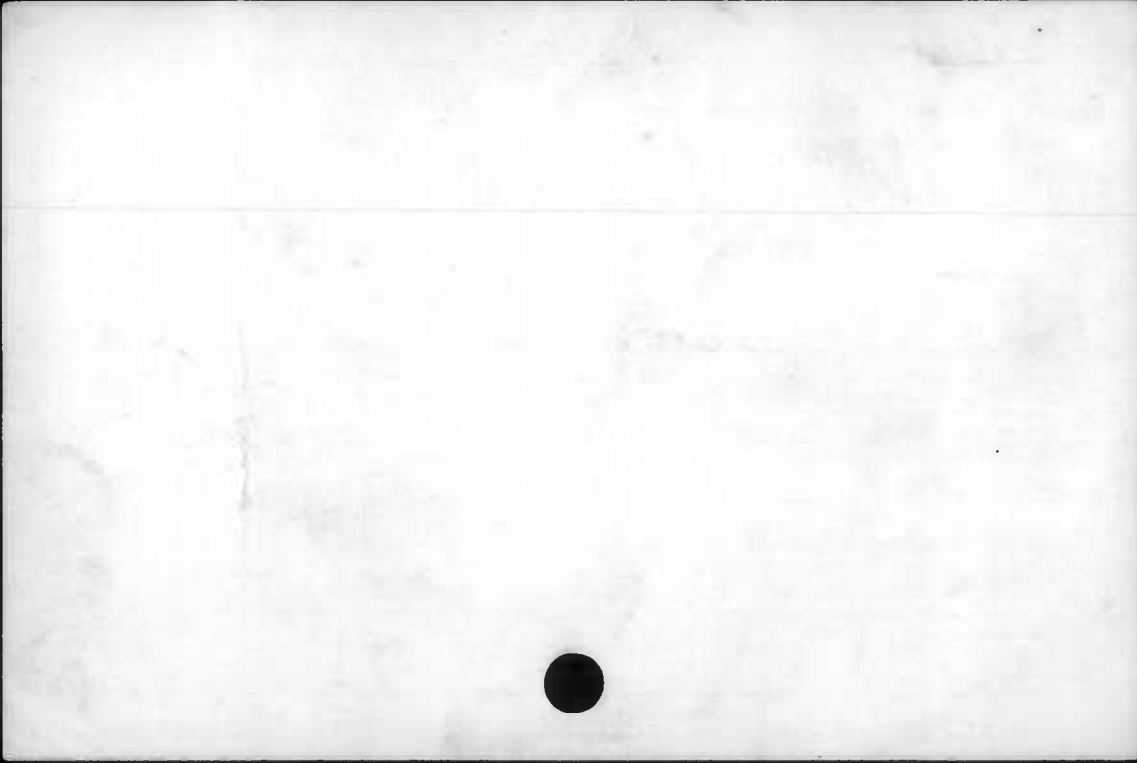
J. J. Long
Allen

~~Accident or Suicide~~

Md

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Samuel James Conway

CERTIFICATE OF DEATH

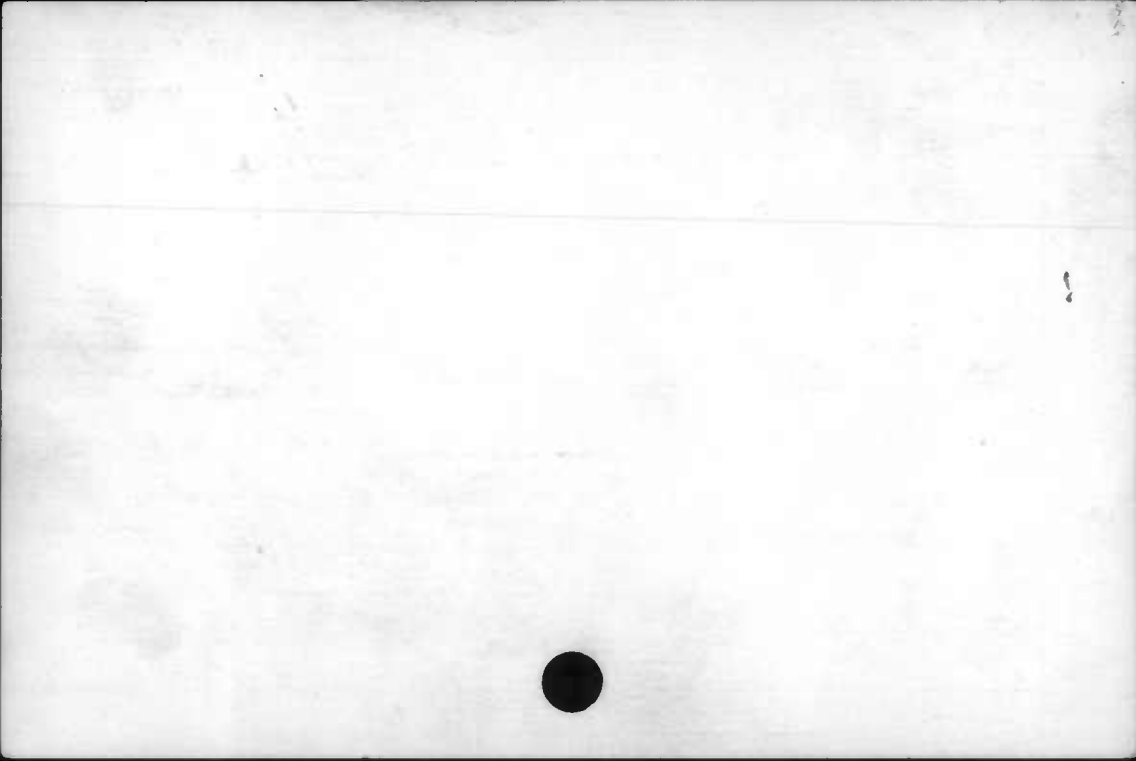
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		July	19	Age	53	11	13
Sex		Color or Race		Birth-place			
male		Colored		White Haven			
Occupation		Where Residing if not at place of death					
farmer		White Haven					
Married, Single or Widowed		Name of Wife or Husband					
married		Laura Conway					
Father's Name		Father's Birthplace					
Moses Conway		White Haven					
Mother's Maiden Name		Mother's Birthplace					
Julia Ballard		White Haven					
Name of person giving Information		How related to deceased					
Laura Wilson		Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	5 months
Immediate	Convulsions	How long	12 hours
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
Yes.		R. W. Paynor	
		Address	
		White Haven	
		Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Child Cotman

Died at ^{Town} Near Quantico ^{County} Miermeier

MARYLAND

Date of death 1907 ^{Month} 7 ^{Day} 29 ^{Years} Age 4 ^{Months} 3 ^{Days}

Sex Female Color or Race Col Birth-place Quantico Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Harry Cotman Father's Birthplace Quantico Md

Mother's Maiden Name Christy Dashiield Mother's Birthplace Mardela Md

Name of person giving Information Mother of child How related to deceased Mother

CAUSES OF DEATH

105

Primary Cholera Infantum How long 24 hrs

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Isaac L. English coroner, Mardela Springs Md.

Accident or Suicide



Name
in
Full

Sherman Dashiell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

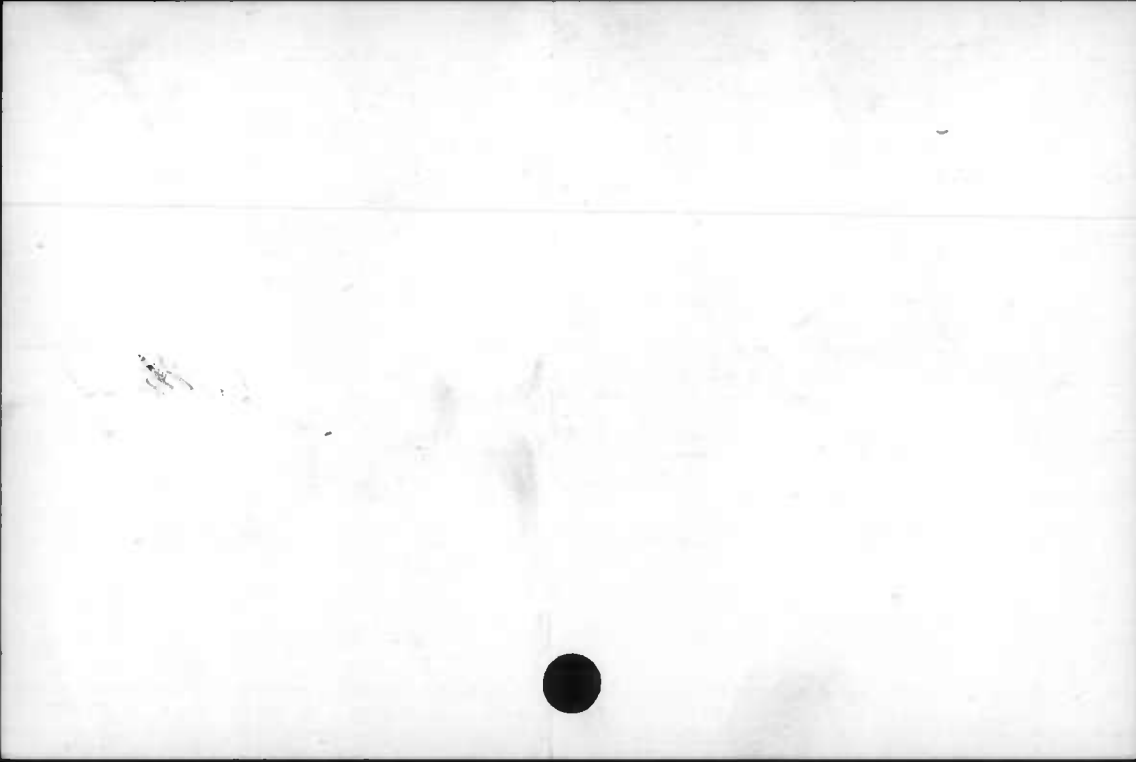
Died at <i>White Haven</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>14</i>	Age <i>19</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colord</i>		Birth-place <i>Maryland</i>		
Occupation <i>Mariner</i>	Where Residing if not at place of death <i>"</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>George. Dashiell</i>	Father's Birthplace <i>"</i>				
Mother's Maiden Name <i>Eliya Wdson</i>	Mother's Birthplace				
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

93
How long

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>7 da</i>
Immediate <i>Heart failure</i>	How long <i>four hours</i>
Are the name, age, sex, color, data and place correctly given above ?	Signature of Physician <i>[Signature]</i>
	Address <i>[Signature]</i>
Accident or Suicide	



Name
in
Full

Lawrence Doman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

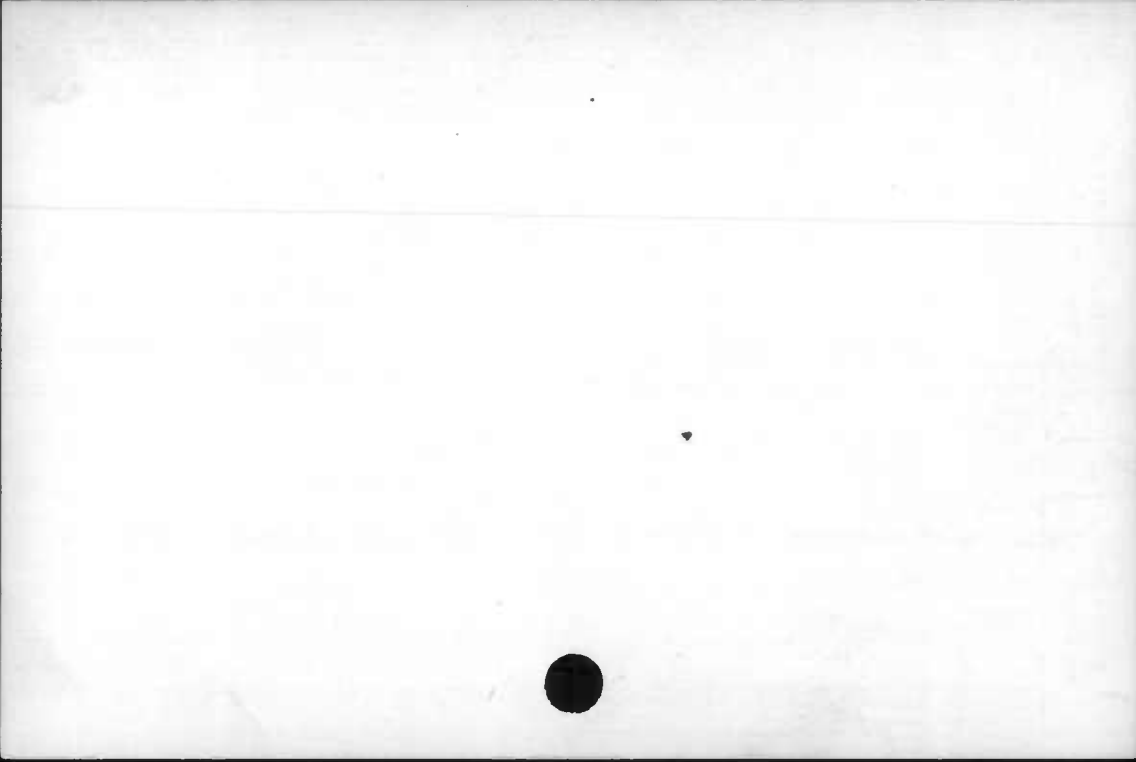
Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	1909	Month	July	Day	10
Age	34	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	Phila ^{da} Pa.
Occupation	Bell Boy	Where Residing if not at place of death	Philadelphia Pa.		
Married, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	Daniel J. Doman			Father's Birthplace	Penn ^a
Mother's Maiden Name	Louisa Stemons			Mother's Birthplace	Md.
Name of person giving Information	Louisa Backus			How related to deceased	Mother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Don't Know</i>
Immediate	<i>General emaciation & heart failure</i>	How long	<i>Several weeks</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	<i>Louis W. Doman M.D.</i>
		Address	<i>(Salisbury Md.)</i>
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

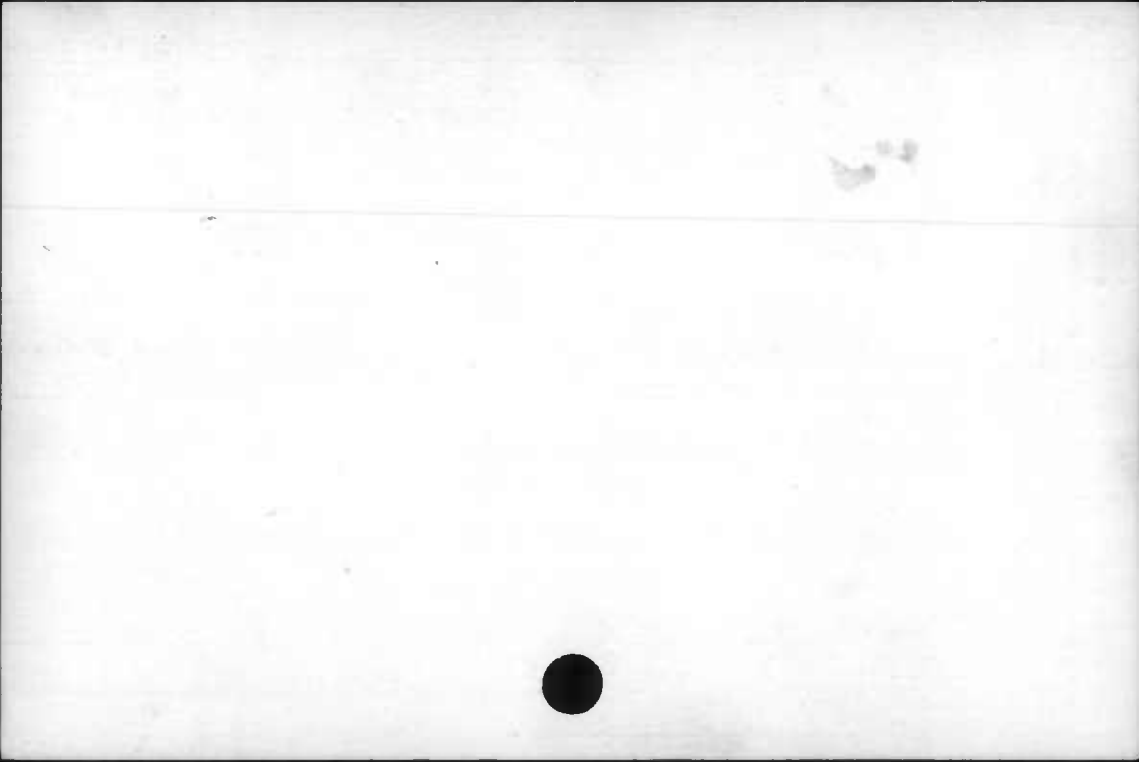
Died at		Town		County		State	
Salisbury		Maryland		Wicomico		Maryland	
Date of death		Month	Day	Age	Years	Months	Days
1909		July	31 st	73			
Sex		Color or Race		Birthplace			
Female		White		Worcester Co., Md.			
Occupation				Where Residing if not at place of death			
Housekeeper							
Married, Single or Widowed		Name of Wife or Husband					
Widow		James T. Duffy					
Father's Name		Father's Birthplace					
Isaac Shockley		Worcester Co., Md.					
Mother's Maiden Name		Mother's Birthplace					
Nancy Ward		" " "					
Name of person giving Information		How related to deceased					
Charles E. Duffy		Son					

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Anaemia chronic diarrhoea	How long	several years
Immediate	Inaaction and emaciation	How long	2 or 3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Louis W. ... M.D.	
		Address	
		(Relistyne)	
Accident or Suicide			



Name
in Full

Christopher C Fields

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

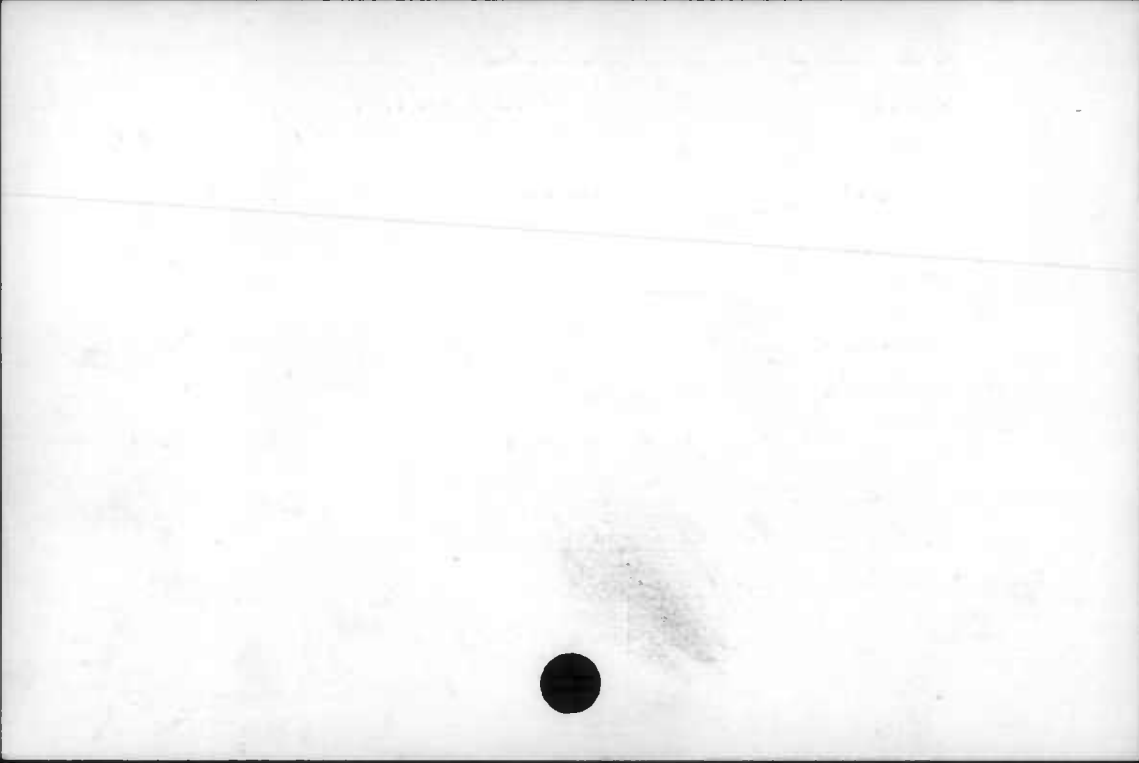
Died at Salisbury ^{Town} Wicomico ^{County} MARYLAND
Date of death 190 2 ^{Month} July ^{Day} 20 Age 58 ^{Years} 2 ^{Months} 18 ^{Days}
Sex male Color or Race White Birth-place Md
Occupation Sailor Where Residing if not at place of death
Married, ~~Single~~ or Widowed Name of Wife or ~~husband~~ Sallie J Fields
Father's Name Levi Fields Father's Birthplace Md
Mother's Maiden Name Mary Adams Mother's Birthplace Md
Name of person giving Information Sallie J Fields How related to deceased wife

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary Died suddenly How long 1/2 hour
Immediate Mrs Dora when Drackman How long
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Levi W. Deane M.D.
Address Delmar
Accident or Suicide



Name
in
Full

Walter D E Greaney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *New Wango* Town *Wisconsin* County *MARYLAND*
Date of death 190 *9* Month *July* Day *7* Age *7* Years *7* Months *10* Days
Sex *male* Color or Race *white* Birth-place *Md*
Occupation *Infant* Where Residing if not at place of death *Wisconsin Co*

Married, Single or Widowed *Infant* Name of Wife or Husband *None*
Father's Name *Alfred D Greaney* Father's Birthplace *Md*
Mother's Maiden Name *Sallie M Parker* Mother's Birthplace *Md*
Name of person giving Information *Alfred D Greaney* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Bacterial-intestinal infection* How long *2 or 3 weeks*
Immediate *Toxemia & Dehydration* How long *2 or 3 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Louis W. Davis M.D.*
Address *Whitby Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Vance E Gordy Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury* Month *July* Day *26* Age *15* Years *9* Months *31* Days

Date of death 190 *9*

Sex *male* Color or Race *white* Birth-place *Del*

Occupation *Farming* Where Residing if not at place of death *near Laurel Del*

~~Married~~ Single ~~Widowed~~ Name of Wife or Husband

Father's Name *Elin O Gordy* Father's Birthplace *Del*

Mother's Maiden Name *Mary O Lynch* Mother's Birthplace *Del*

Name of person giving Information *William E Gordy* How related to deceased *Brother*

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary *Pistol wound of back* How long *7 days*

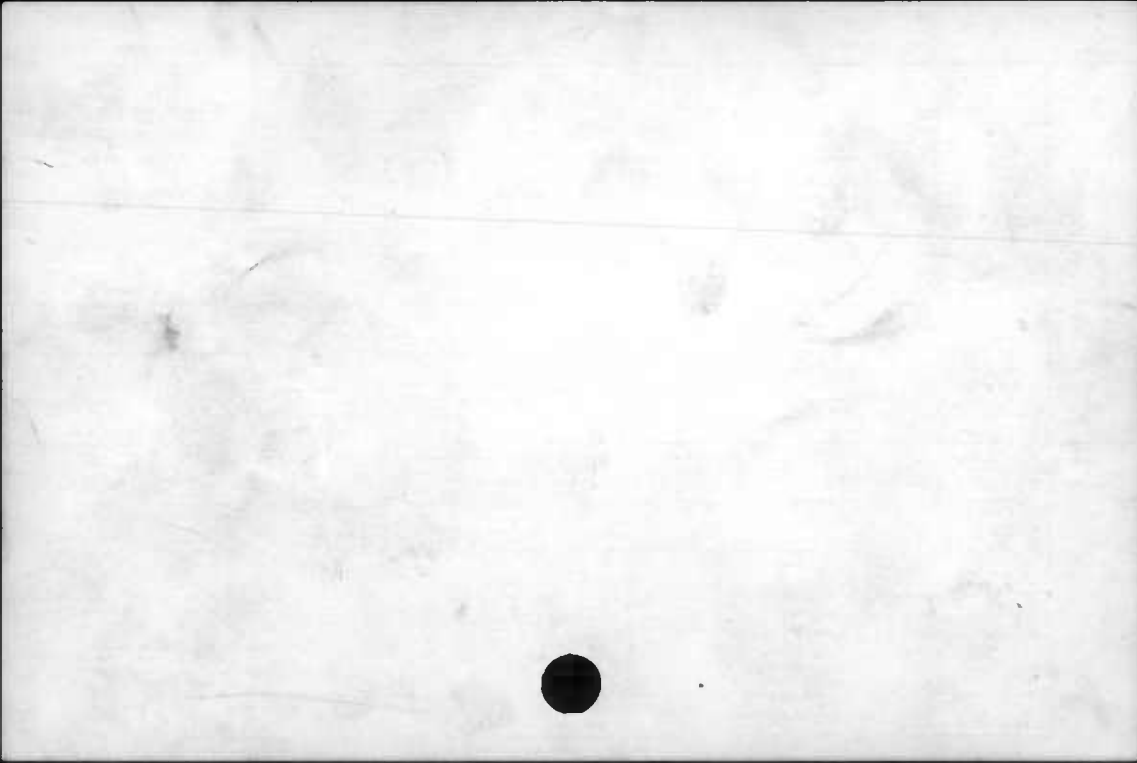
Immediate *Tetanus* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *McDuffie* Address *Salisbury Md*

no I know

Accident or Suicide *Accident*



Name
In
Full

Sarah E. Goslee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

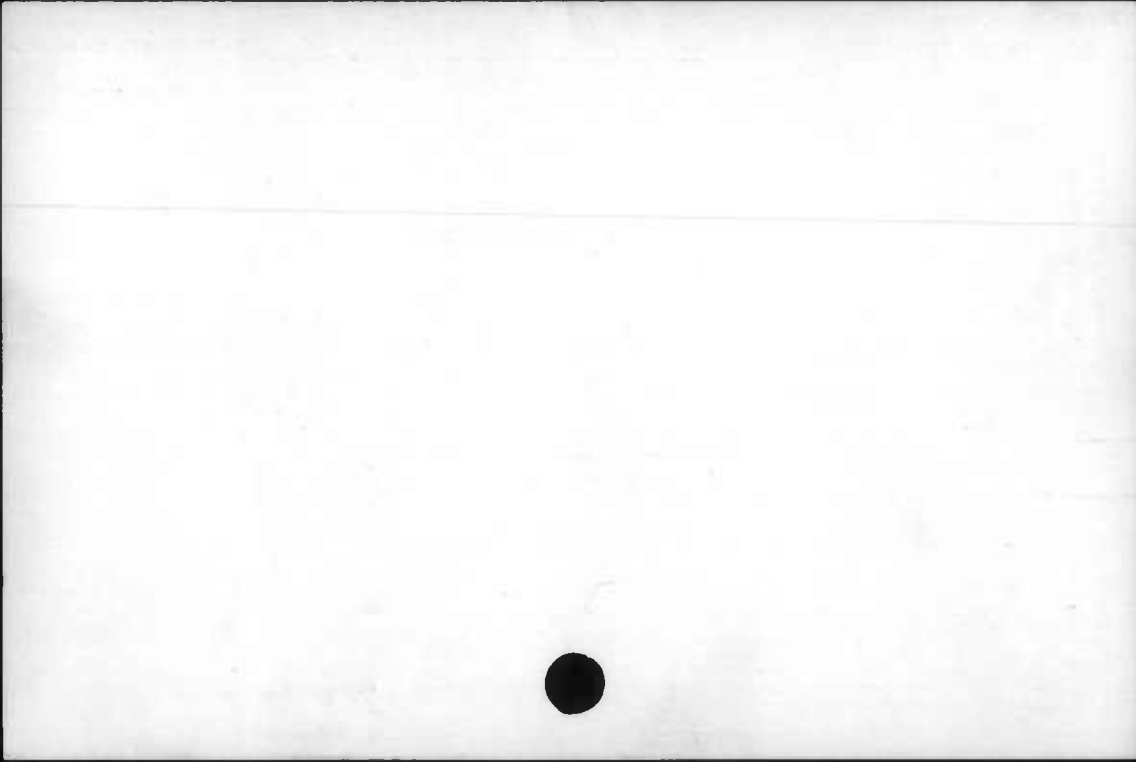
Died at <i>Salisbury (P.G. Hospital)</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death	1909	Month	July	Day	2	Age	36
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>		Months <i>9</i> Days <i>10</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Near Quantico Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. W. Goslee</i>					
Father's Name <i>William Majors</i>		Father's Birthplace <i>Wicomico Co. Md.</i>					
Mother's Maiden Name <i>Hester Russell</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>Mary E. Jenkins</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary	<i>Sepsis from suppurative gall-bladder</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion from omitting</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>[Signature]</i>	
<i>Okun</i>		Address <i>Salisbury Md</i>	
Accident or Suicide <i>No</i>			



Name
in
Full

Alice V Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Athol* *Wisconsin* County *MARYLAND*

Date of death *1909* Month *7* Day *27* Age *7* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Willie Green*

Father's Birthplace *Maryland*

Mother's Maiden Name *Jennie Pyman*

Mother's Birthplace *D.C.*

Name of person giving Information *Willie Green*

How related to deceased *Father*

CAUSES OF DEATH

105

X

Primary *Scar-tissue*

How long *2 weeks*

Immediate *Hemorrhage on heart*

How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

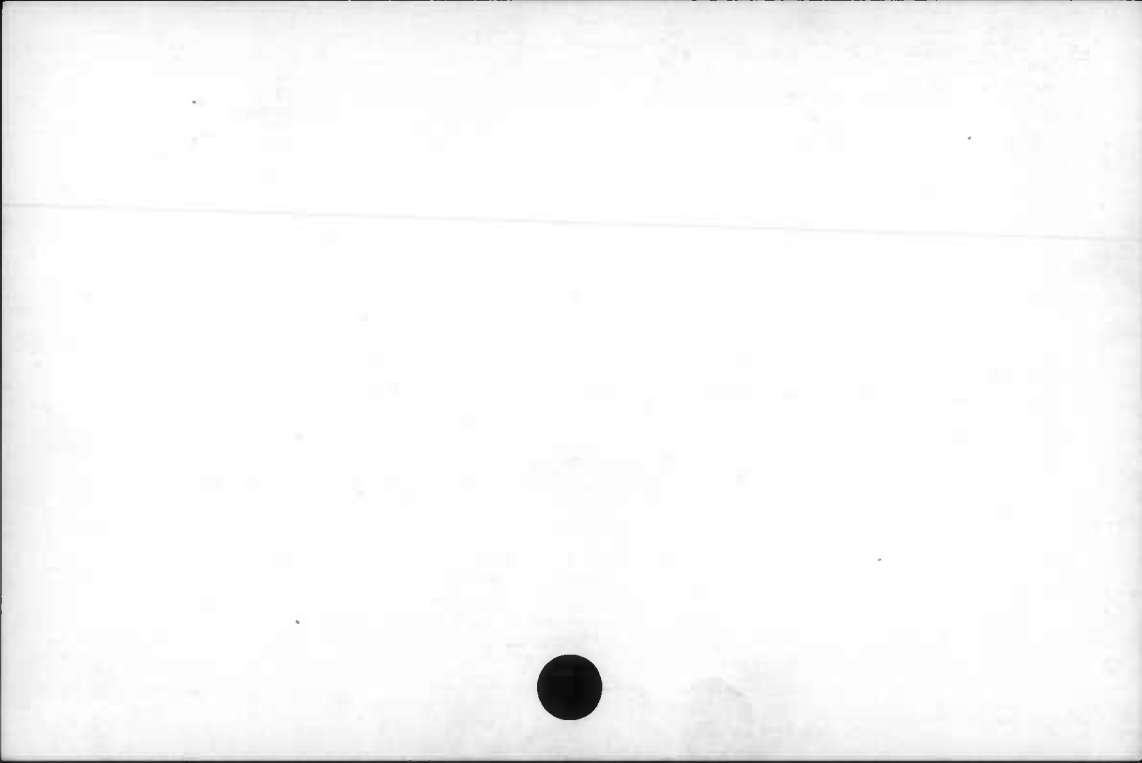
Isaac L. English

Address

Mardela Springs Md

Coroner

Accident or Suicide *—*



Name
in
Full

Lillian E. Handy

CERTIFICATE OF DEATH

Died at Rockaway ^{Town} Wisconsin ^{County} MARYLAND
Date of death 190 9 ^{Month} July ^{Day} 28 Age 15 ^{Years} 11 ^{Months} 16 ^{Days}
Sex Female Color or Race Colored Birth-place Md
Occupation Housework Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's Name Harry HandyFather's Birthplace MdMother's Maiden Name Mary WestMother's Birthplace MdName of person giving Information Harry HandyHow related to deceased Father

CAUSES OF DEATH

27

Primary

How long

Immediate

Tuberculosis

How long

3 Months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

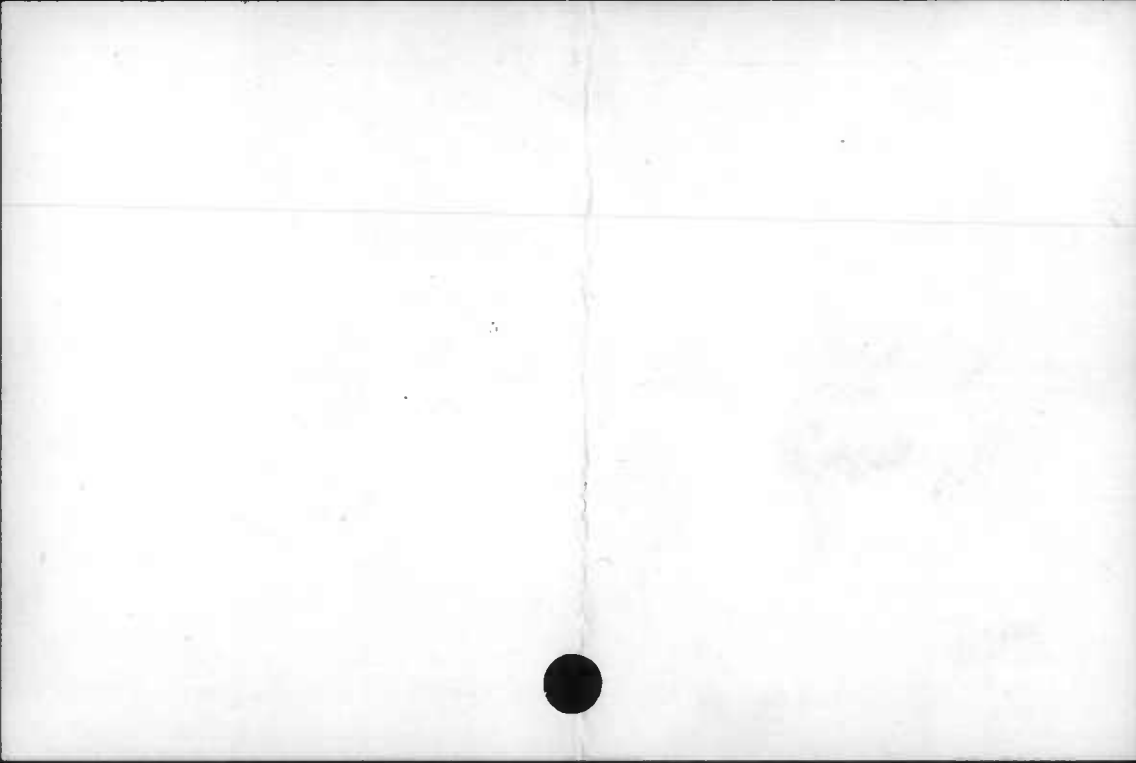
H. C. Conway

Hebron

Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Myrtle Humphreys
Town Salisbury County Wicomico

MARYLAND

Died at Date of death 1909 July 13 Age 22 Months Days

Sex Female Color or Race White Birth-place Md
Occupation Housework

Where Residing if not at place of death

Married, ~~Single~~ ~~Widowed~~ Name of ~~Wife~~ or Husband George R Humphreys

Father's Name Charles Campbell Father's Birthplace Md

Mother's Maiden Name Tessie Wells Mother's Birthplace Md

Name of person giving Information George R Humphreys How related to deceased Husband

CAUSES OF DEATH

Primary Typhoid Fever How long 6 or 7 weeks
Immediata Exanthema How long 4 or 5 days

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician

Address

Dr. H. Todd
Salisbury Md

Accident or Suicide

82



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George H. Jackson* Town *Parsonsbury* County *Thurmon* MARYLAND

Died at *Parsonsbury* *Thurmon*

Date of death 190 *9* Month *July* Day *8* Age *77* Years *one* Months *0* Days *0*

Sex *male* Color or Race *white* Birth-place *Parsonsbury Ind.*

Occupation *Farming* Where Residing if not at place of death *Parsonsbury Ind.*

~~Married~~ Single or Widowed Name of Wife or Husband *Angelina Hall*

Father's Name *Bradley Jackson* Father's Birthplace *Parsonsbury Ind.*

Mother's Maiden Name *Elisabeth Hastings* Mother's Birthplace *Delmar Del*

Name of person giving Information *Dr Geo H. Truitt* How related to deceased *Friend*

CAUSES OF DEATH

Primary *Probably apoplexy* How long *Did instantly*

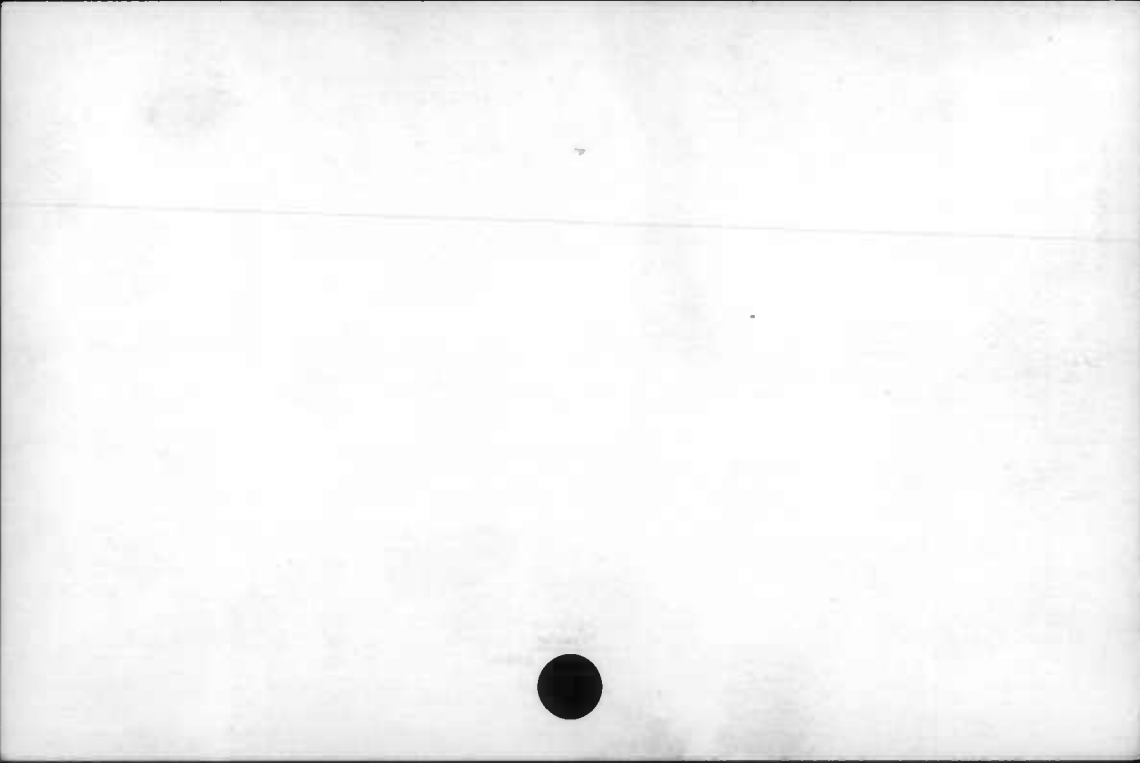
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr Geo H Truitt*

Address *Parsonsbury Maryland*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Name in Full <i>Margaret E Jacobs</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>July</i>		Day <i>27</i>		Years <i>7</i>	
Date of death <i>1909</i>		Age <i>7</i>		Months <i>7</i>		Days <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Del</i>			
Occupation <i></i>		Where Residing if not at place of death <i>Stanton Del</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>William L Jacobs</i>		Father's Birthplace <i>Del</i>					
Mother's Maiden Name <i>Margaret Bryden</i>		Mother's Birthplace <i>Del</i>					
Name of person giving Information <i>William L Jacobs</i>		How related to deceased <i>Father</i>					

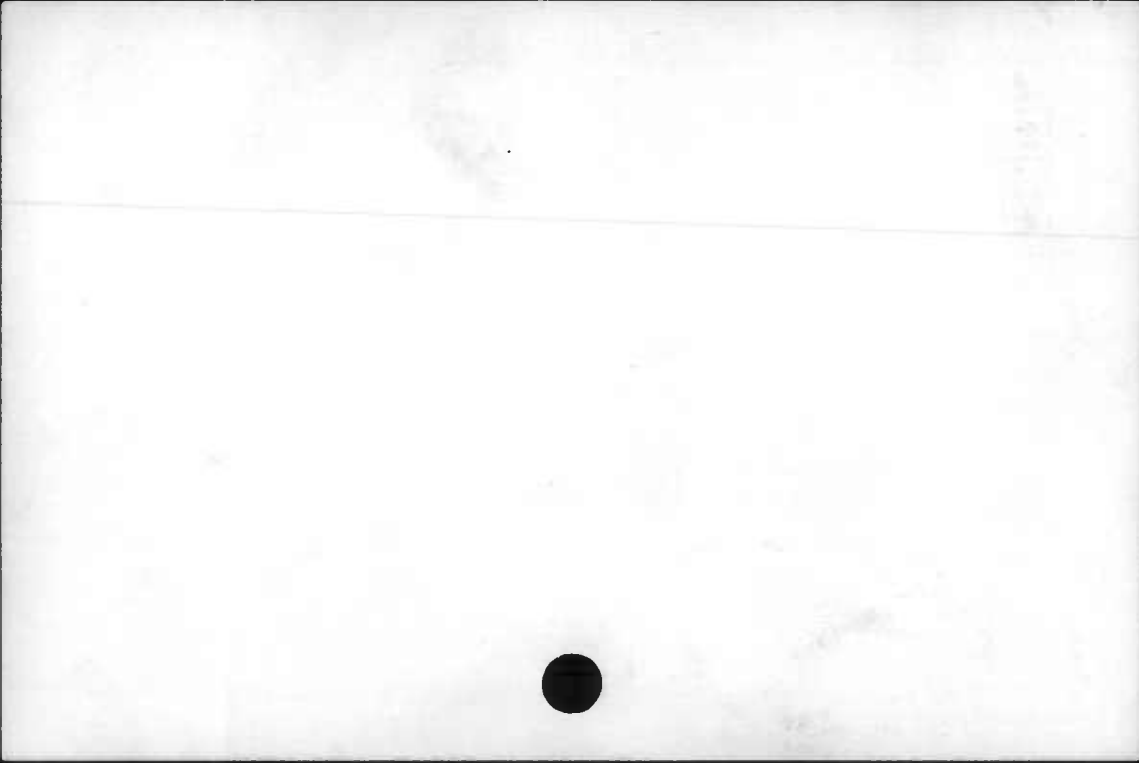
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

105

Primary <i>Enteric Colitis</i>	How long <i>mm</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. H. Todd</i>
	Address <i>Salisbury</i>
Accident or Suicide	<i>mm</i>

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

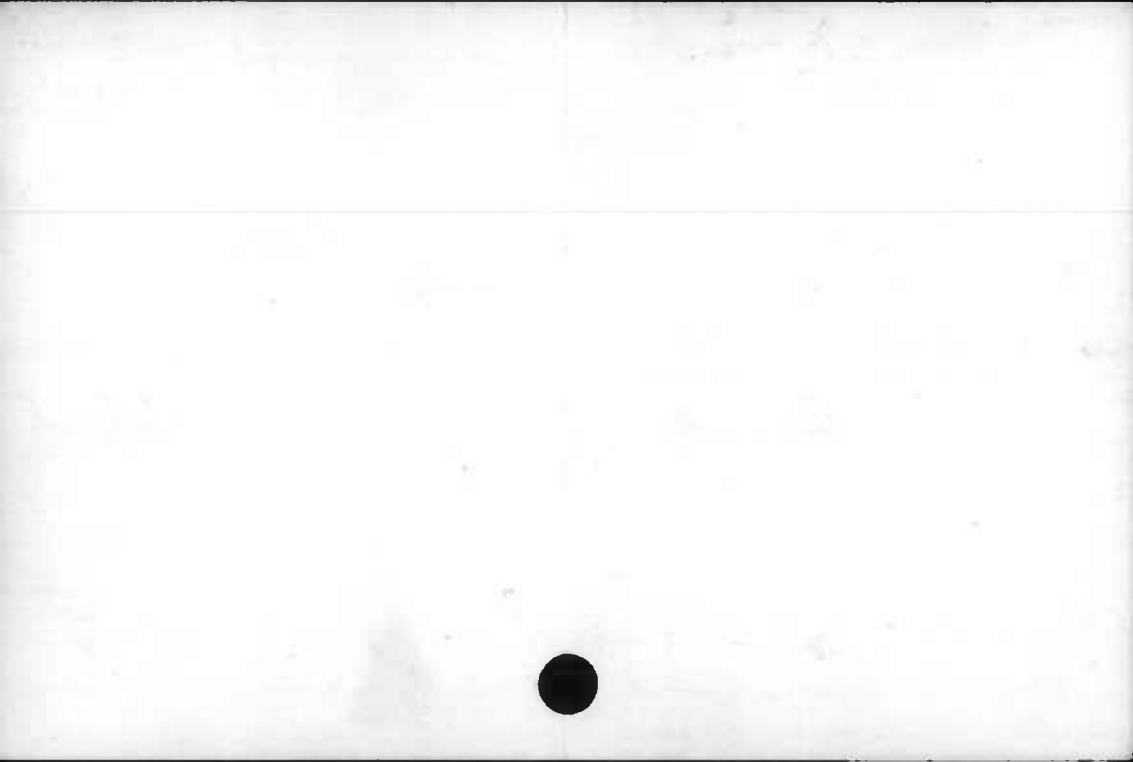
Died at <i>Near Eden</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>30th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Oscar Jones</i>				Father's Birthplace <i>Near Eden Md.</i>			
Mother's Maiden Name <i>Mary Snelling</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving Information <i>W. B. Foxwell</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Have not seen this child since</i>	How long	<i>—</i>
Immediate	<i>the hour of its birth - It</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. S. Long</i>	
<i>summed all</i>		Address <i>Allen</i>	
Accident or Suicide <i>right</i>		<i>Md</i>	



Name
in
Full

Ellen N. Joseph

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Wetzigheim ^{Town} Wicomico ^{County} **MARYLAND**

Date of death 1909 July ^{Month} 21st ^{Day} Age 55 ^{Years} Months Days

Sex Female Color or Race col'd Birth-place Maryland

Occupation Housekeeper Where Residing if not at place of death Wetzigheim

Married, Single or Widowed Married Name of Wife or Husband Alexandra Joseph

Father's Name Sidney Hull Father's Birthplace "

Mother's Maiden Name Mary Horsey Mother's Birthplace "

Name of person giving Information Alexandra Joseph How related to deceased Husband

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis several years

How long

Immediate

Pneumonia 2 wk.

How long

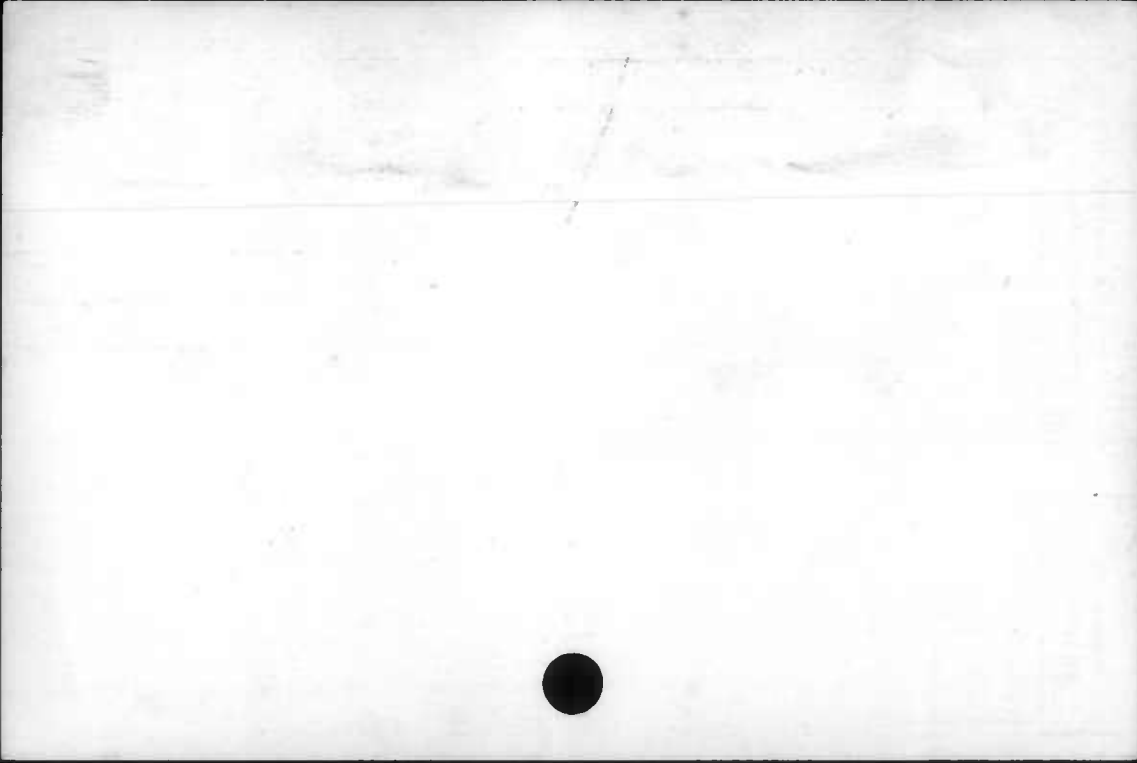
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. H. Lynch
Drumsticks
W. Md.

Accident or Suicide



Name
in
Full

Irene Elizabeth Kidwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fruitland</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1909	July	23 rd		5 th	9
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Washington D.C.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>At Washington D.C.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Samuel N. Kidwell</i>	Father's Birthplace <i>Anne Arundel Co. Md.</i>				
Mother's Maiden Name <i>Melvina E. Hayman</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving Information <i>Mrs. Asbury Hayman</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

Primary *No Doctor*

How long

Immediate *Doct*

How long

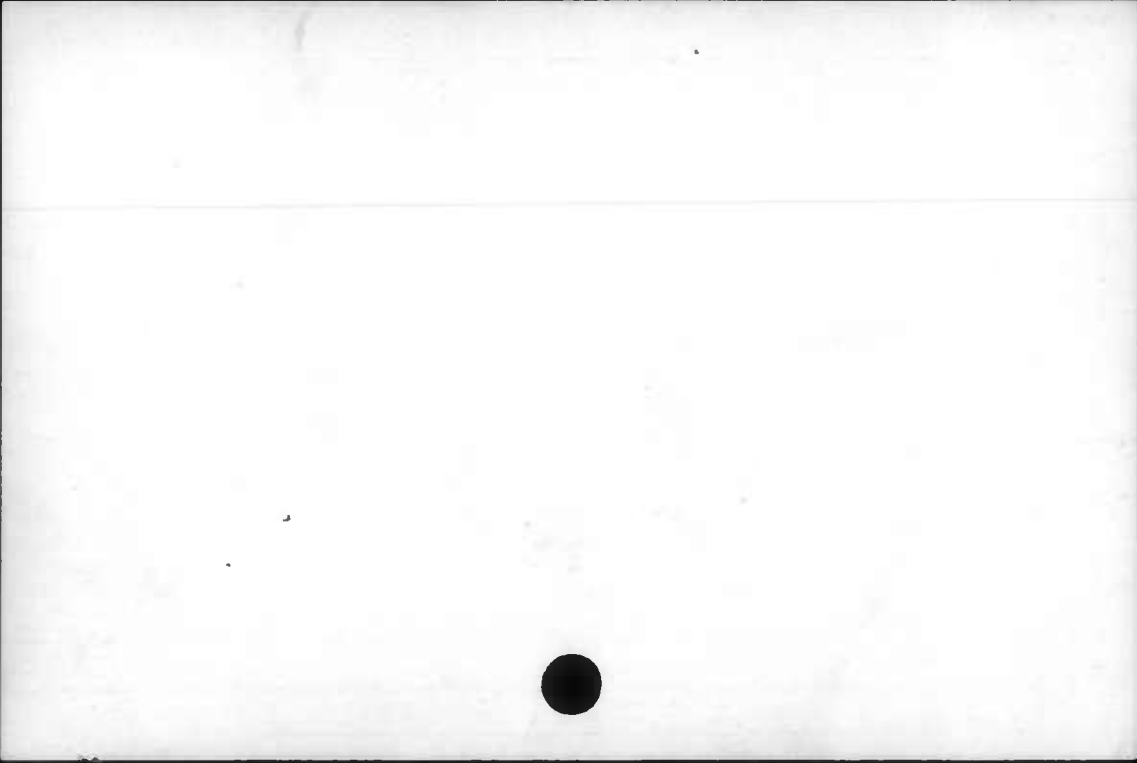
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Alfred Lapfield

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Salisbury

Date

1908

Month

July

Day

9

Age

Years

77

Months

3

Days

8

Sex

Male

Color or
Race

White

Birth-
place

Salisbury

Occupation

General laborer

Where Residing if not
at place of death

122 Baltimore St

Married, Single
or Widowed

Yes

Name of Wife or
Husband

Elizabeth Lapfield

Father's
Name

Charles Eliot

Father's
Birthplace

W. Va.

Mother's
Maiden Name

Luella

Mother's
Birthplace

-

Name of person giving
information

Elizabeth Lapfield

How related
to deceased

Wife

CAUSES OF DEATH

142

Primary

Tubercular Gangrene

How long

3 mo

Immediate

Toxemia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

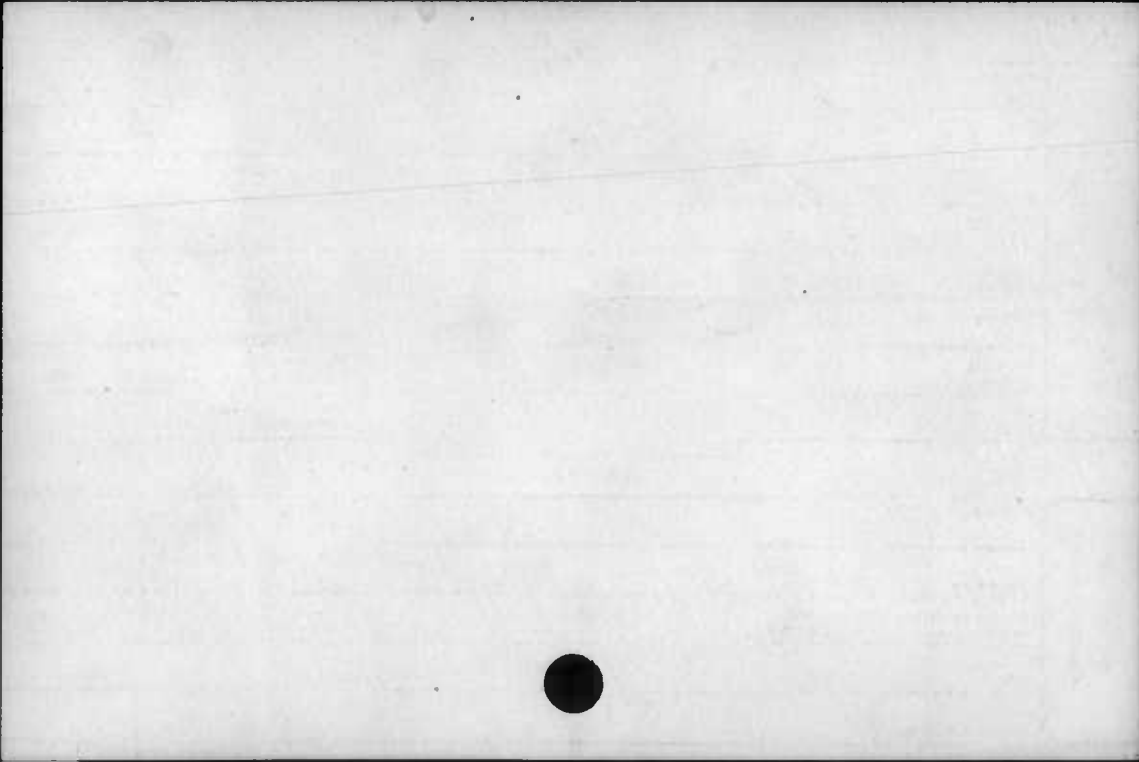
J. B. Potter

Address

Salisbury Md.

Gangrene (conile) beginning in
small toe of left foot and
extending to ankle.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

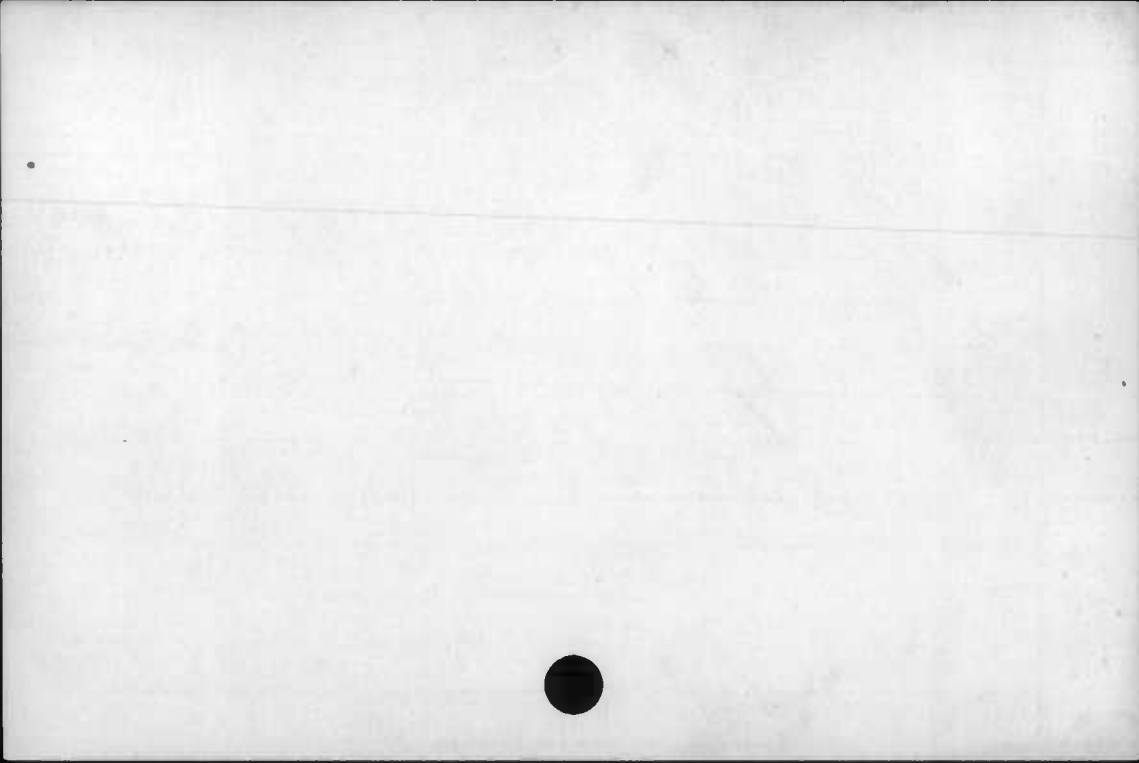
Died at *New Delmar* *Wicomico* County, *MARYLAND*Date of death *1909* Month *7* Day *18* Age *64* Years Months *9* Days *21*Sex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Farmer* Where Residing if not at place of death *Maryland*Married, Single or Widowed *Married* Name of Wife or Husband *Mary E. Slipknot*Father's Name *James T. Slipknot* Father's Birthplace *Maryland*Mother's Maiden Name *Mary B. Brimstone* Mother's Birthplace *Maryland*Name of person giving information *E. M. Slipknot* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Phthisis* How long *2 years*Immediate *chronic not weather an* How long *4 or 5 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *James Brayskew*Address *Delmar*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

James C Parsons

Died at ^{Town} near Mondak ^{County} Wisconsin

MARYLAND

Date of death 1909 ^{Month} 7 ^{Day} 12 ^{Age} — ^{Years} — ^{Months} 4 ^{Days} 16

Sex Male ^{Color or Race} White ^{Birth-place} Wisconsin

Occupation ^{Where Residing if not at place of death}

Married, Single or Widowed — ^{Name of Wife or Husband} —

Father's Name Charles Parsons ^{Father's Birthplace} Del

Mother's Maiden Name Annie Kennedy ^{Mother's Birthplace} Md.

Name of person giving Information Charles Parsons ^{How related to deceased} Father

CAUSES OF DEATH

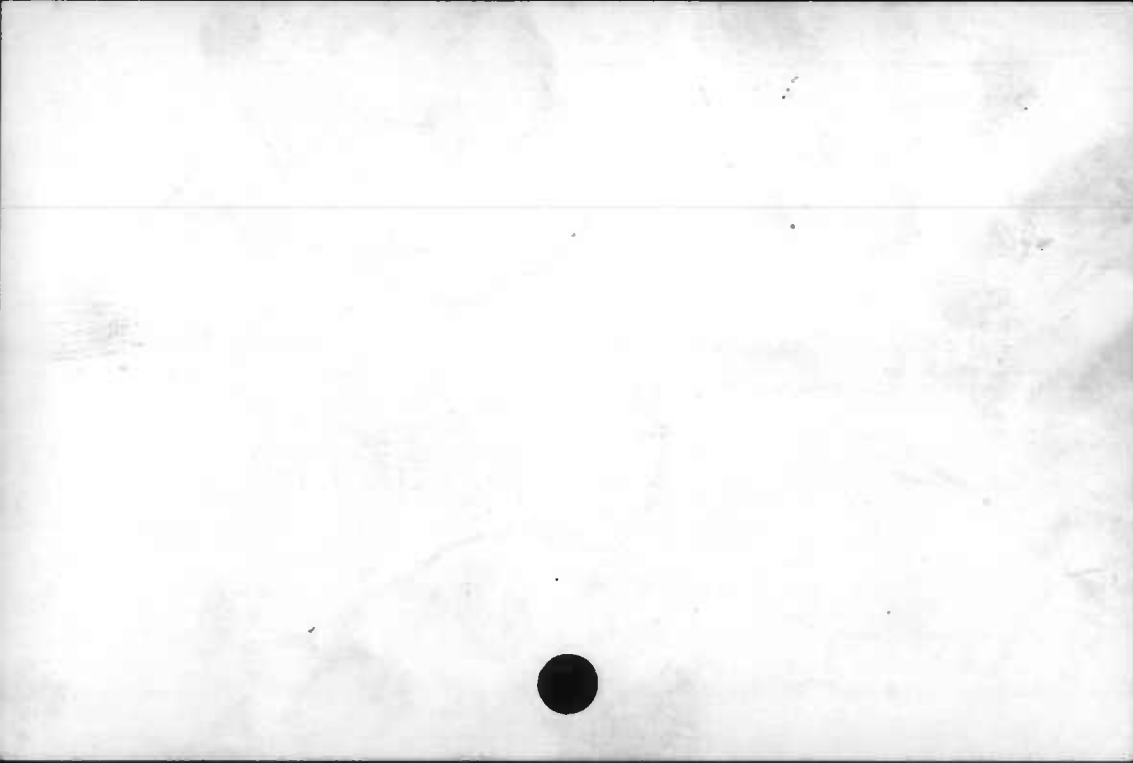
Primary ^{How long} ^{How long} 3 1/2 mos

Immediate Marasmus ^{Are the name, age, sex, color, date and place correctly given above?} yes ^{Signature of Physician} H. C. Conway

^{Address} Hebron Md ^{Accident or Suicide}

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Annie Johnson Powell

Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury*

Date of death 1909 *July* Month *12th* Day *31* Age *31* Years *8* Months *2* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *_____*

Married, Single or Widowed *Married* Name of Wife or Husband *Lambert J. Powell*

Father's Name *Benjamin T. Johnson* Father's Birthplace *Near Snow Hill Md.*

Mother's Maiden Name *Margaret A. Truitt* Mother's Birthplace *" " " "*

Name of person giving Information *Geo. S. Johnson* How related to deceased *Brother*

(Of Pregnancy)

CAUSES OF DEATH

134

PHYSICIAN
OR CORONER

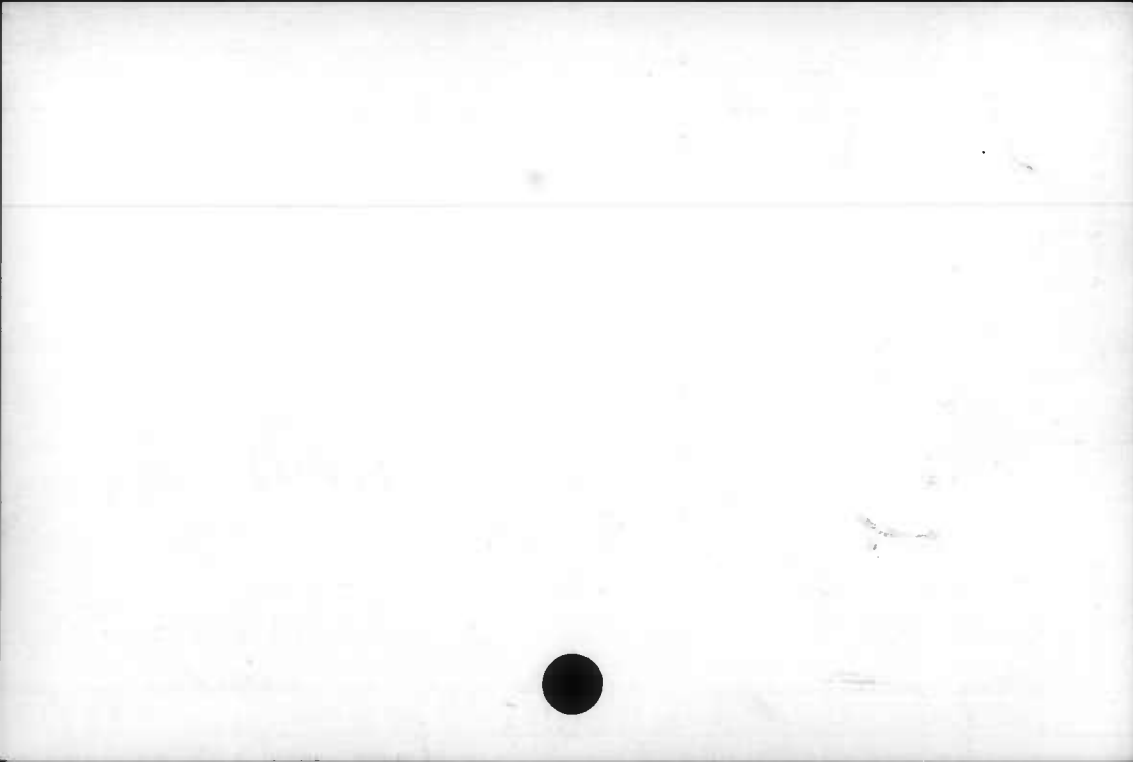
Primary *Toxaemia Vomiting* How long *3 days*

Immediate *Toxaemia & heart failure* How long *3 days*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Louis W. Reems M.D.* Address *Salisbury Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant
Still Born at Salisbury
Died at

Powell
County
Wicomico

MARYLAND

Date
of death 1909

Month

July

Day

12

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Salisbury Md.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Huaband

None

Father's
Name

Lambert J. Powell

Father's
Birthplace

Wicomico Co. Md.

Mother's
Maiden Name

Annie Johnson

Mother's
Birthplace

Near Snow Hill Md.

Name of person giving
Information

Lambert J. Powell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Accouchment force

How long

Immediate

Still born

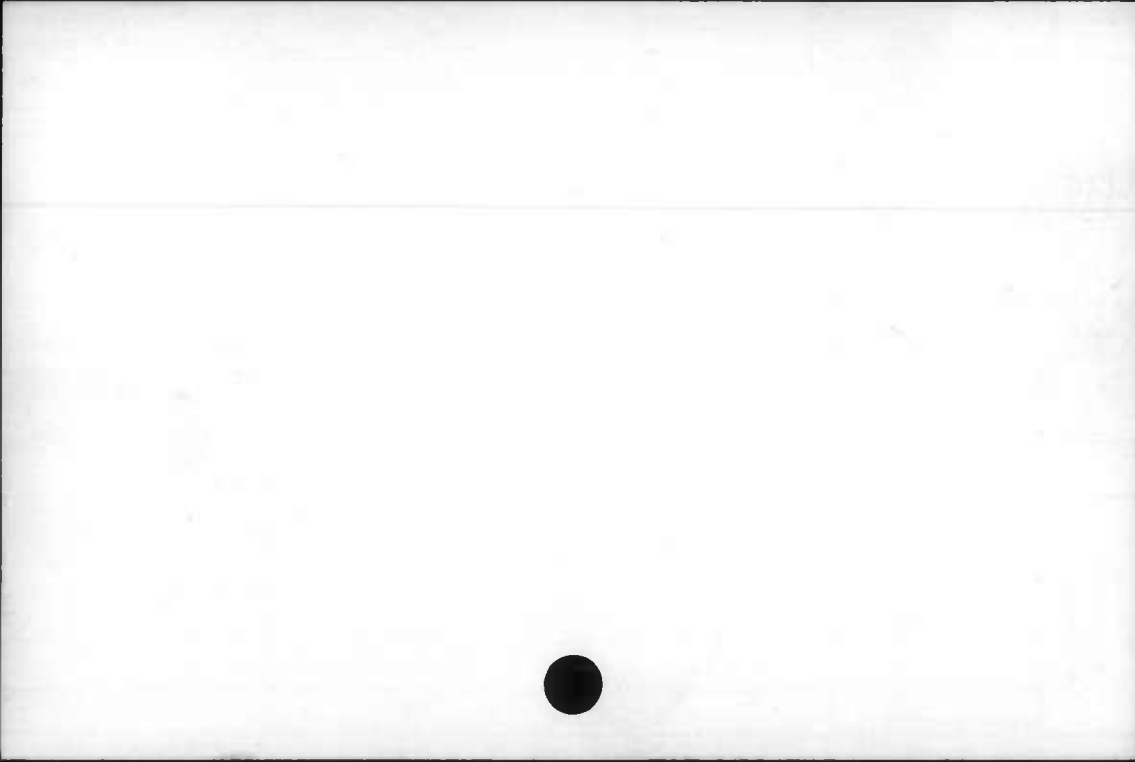
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Louis W. Reems MD
Pulasky Md.

Accident or Suicide



CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		July	1 st	22		10	6
Sex		Color or Race		Birth-place			
Female		White		Wicomico Co. Md.			
Occupation				Where Residing if not at place of death			
Bookkeeper				Pulaski Md.			
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name				Father's Birthplace			
Josiah E. Powell				Wicomico Co. Md.			
Mother's Maiden Name				Mother's Birthplace			
Sallie M. Brittingham				Worcester Co. Md.			
Name of person giving Information				How related to deceased			
Ida K. Powell				Sister			

CAUSES OF DEATH

Primary	<i>Typhoid fever</i>	How long	<i>2 weeks or more</i>
Immediate	<i>Toxemia</i>	How long	<i>several days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Y/2</i>	Signature of Physician	<i>Louis A. Recchia M.D.</i>
		Address	<i>Philadelphia</i>
Accident or Suicide			

191



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Annie L. Thompson* Town *Salisbury* County *Worcester* MARYLAND

Died at *Salisbury*

Date of death 190 *9* Month *July* Day *9* Age *40* Years Months *11* Days *10*

Sex *Female* Color or Race *White* Birth-place *Delaware*

Occupation *Housewife* Where Residing if not at place of death *Salisbury*

Married, Single or Widowed *Married* Name of Wife or Husband *Thomas Thompson*

Father's Name *W. B. Adams* Father's Birthplace *Delaware*

Mother's Maiden Name *Ellen Adams* Mother's Birthplace *Delaware*

Name of person giving Information *Edward Thompson* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *1 year*

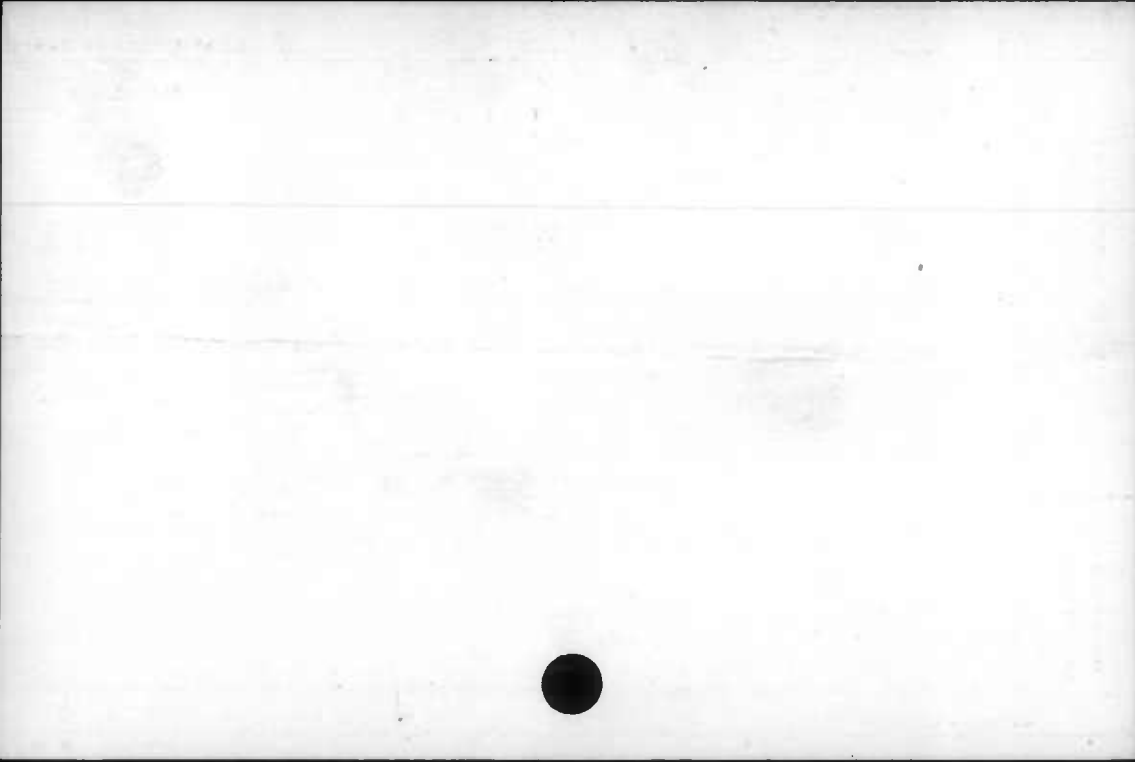
Immediate *Trauma* How long *2 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. B. Potter*

Address *Salisbury Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Willing* Town *Nanticoke* County *Wicomico* MARYLAND

Died at *Nanticoke*

Date of death *1909* Month *July* Day *19* Age *69* Years *2* Months *4* Days

Sex *male* Color or Race *white* Birth-place *Nanticoke Md*

Occupation *carrying* Where Residing if not at place of death *at home*

Married, Single or Widowed *married* Name of Wife or Husband *Georganna Willing*

Father's Name *William Willing* Father's Birthplace *Nanticoke Md*

Mother's Maiden Name *Rachel Robertson* Mother's Birthplace *"*

Name of person giving Information *Wilbur F. Turner* How related to deceased *nephew.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Angina Pectoris* How long *80* *5 years.*

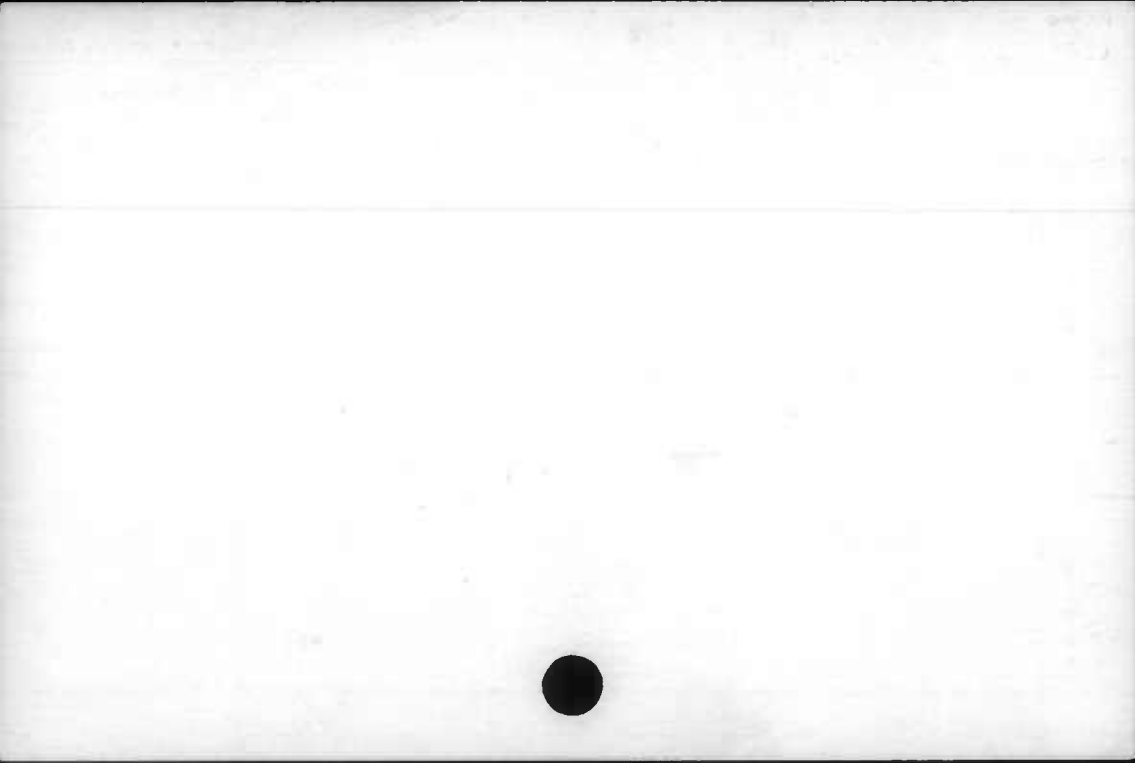
Immediate *Cardiac spasm* How long *10 minutes*

Are the name, age, sex, color, date and place correctly given above? *yes!* Signature of Physician *Edward E. Lamkin.*

Address *DR. EDWARD E. LAMKIN,*

NANTICOKE, MD.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Major Wright

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>The P.G. Hospital Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1909 July 27</i>		Month <i>July</i>		Day <i>27</i>		Age <i>61</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Virginia</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Parkesley Va.</i>					
Married, Single or Widowed <i>Don't know</i>		Name of Wife or Husband					
Father's Name <i>Not known</i>		Father's Birthplace					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>Not known</i>					
Name of person giving information <i>Miss Allison Matron of P.G.H.</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

Primary <i>Acute Cystitis</i>		How long <i>6 weeks</i>	
Immediate <i>Uremia</i>		How long <i>few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>So far as obtainable</i>		Signature of Physician <i>McAdams</i>	
Accident or Suicide <i>No</i>		Address <i>Salisbury Md</i>	

